



Statement of Business Non-Operation

I, _____ of _____
Print name of Principal Officer *Name of Business*

certify, as the principal officer of the aforementioned business, that the business is non-operational and has not operated for the past three fiscal years (July 1 - June 30). I understand that in order to operate a business within the City of San Bruno I must complete necessary applications prior to beginning operations. I also understand the City of San Bruno is authorized to provide this certification of non-operation to federal, state, and local jurisdictions and regulating agencies in the course of compliance and tax audits.

Signature of Principal Officer Dated _____